Schedule E)	PAGE 1 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y
Full Name of Payee COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION	Date of Public Distribution/Dissemination
Mailing Address 100 Indiana Avenue, N.W.	09 30 2014 Amount
	7.11.00.11.
City State Zip Code	612.48
- Tananagan	Transaction ID : D543089 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
MARK E LIDALI	President X Senate State: CO
Calendar Year-To-Date Per Election for Office Sought Disburs 20335.27 Disburs 2014	sement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
United Steelworkers of America Political Action Fund	M = M / D = D / Y = Y = Y
Mailing Address Political Action Fund Voluntary Ac	09 30 2014
5 Gateway Center	Amount
City State Zip Code	20.52
	Fransaction ID : D543101 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type 001	09 / 30 / Y 2014
Name of Federal Candidate Support Office	Sought: House District: 00
MARK FUDALI	President X Senate State: CO
Calendar Year-To-Date Per Election for Office Sought Disbur: 2014	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	633.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	II EXI ENE	TOTILO		PAGE 2 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Workers' Voice				C C00484287
Check if 24-hour report X 48-hour report	New rep	port Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Grassroots Solutions			M	09 30 2014
Mailing Address 2828 University Avenue SE, #150			Amou	nt
City	State	Zip Code	- [775.93
Minneapolis	MN	55414		action ID: D543106 of Disbursement or Obligation
Purpose of Expenditure Canvasser		Category/ Type 001		09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
TERRI LYNN LAND		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	46747.13	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Grassroots Solutions			I N	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2828 University Avenue SE, #15	50		Amou	nt
City	State	Zip Code		775.93
Minneapolis	MN	55414		ction ID : D543108 of Disbursement or Obligation
Purpose of Expenditure Canvasser		Category/ Type 001		09 30 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
GARY PETERS		Oppose	Preside	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	46747.13	Disbursemen 2014	t For: Primary ☐ General ther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditur	es			1551.86
(,)				-ggg-
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	INDENT EXTEND	HONES	PAGE 3 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour re	eport New rep	port Amends repo	ort filed on
Full Name of Payee Voices of the American Fede	eration of Governr	ment Employees	M - M / B - B / I - I - I - I
Mailing Address 80 F Street, NW			09 30 2014 Amount
City	State	Zip Code	0.82
Washington	DC	20001	Transaction ID : D543110 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
CORY GARDNER		X Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	,	20335.27	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Voices of the American Federa	ation of Governmer	nt Employees	Date of Public Distribution/Dissemination
Mailing Address 80 F Street, NW			09 / 30 / 2014
			Amount
City	State	Zip Code	65.40
Washington	DC	20001	Transaction ID : D543112 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel		Category/ Type 002	09 / 30 / Y Y Y Y
Name of Federal Candidate		X Support	Office Sought: House District: 00
ALISON LUNDERGAN GRIMES		Oppose	President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	7	43987.54	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent E	xpenditures		. ▶ 66.22
(b) SUBTOTAL of Unitemized Independent	Expenditures		•
(c) TOTAL Independent Expenditures			•
	y candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electron	nically Filed] Date	10 02 7 2014

Schedule E)	PAGE 4 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amends	report filed on
Full Name of Payee Voices of the American Federation of Government Employe	M - M / B - B / I - I - I - I
Mailing Address 80 F Street, NW	09 30 2014 Amount
City State Zip Code	219.33
Washington DC 20001	Transaction ID : D543113 Date of Disbursement or Obligation
Purpose of Expenditure InKind Staff Category/ Type	001
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
MARK E UDALL Oppos	
Calendar Year-To-Date Per Election for Office Sought 20335.27	Disbursement For: Primary
Full Name of Payee Voices of the American Federation of Government Employees Mailing Address 80 F Street, NW	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Amount
City State Zip Code	65.40
Washington DC 20001	Transaction ID : D543123 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type	002 09 / 30 / 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
MITCH MCCONNELL Oppos	See President X Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 43987.54	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	284.73
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
	Date 10 02 2014
Signature	

Schedule E)	PAGE 5 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Workers' Voice	C C00484287
Check if 24-hour report X 48-hour report New report Amer	nds report filed on
Full Name of Payee Voices of the American Federation of Government Empl	W - W / D - B / I - I - I - I
Mailing Address 80 F Street, NW	09 30 2014 Amount
City State Zip Code	94.40
Washington DC 20001	Transaction ID : D543124 Date of Disbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type	002 09 / 30 / 2014
Name of Federal Candidate	upport Office Sought: House District: 00
MARKETIDALI	ppose President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 20335.27	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee AFL-CIO	Date of Public Distribution/Dissemination
Mailing Address 815 - 16th Street, NW	09 30 2014 Amount
City State Zip Code	0.45
Washington DC 20006	Transaction ID : D543145 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets Category/ Type	004 09 / 30 / Y Y Y Y Y
Name of Federal Candidate St	upport Office Sought: House District: 00
MITOUMOOONNEU	ppose President Senate State: KY
Calendar Year-To-Date Per Election for Office Sought 43987.54	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	94.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Signature	Date 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	DENT EXPEN	DITORLS	PAGE 6 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Workers' Voice			C C00484287
Check if 24-hour report X 48-hour report	t New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	14.92
Washington	DC	20006	Transaction ID : D543146 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 / 30 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
MARK E UDALL		Oppose	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		20335.27	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
AFL-CIO			09 30 / 2014
Mailing Address 815 - 16th Street, NW			Amount
City	State	Zip Code	34.46
Washington	DC	20006	Transaction ID : D543147 Date of Disbursement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09 / 30 / 2014
Name of Federal Candidate		X Support	Office Sought: House District: 00
GARY PETERS		Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	,,,,,	46747.13	Disbursement For: Primary General 2014 Gher (specify) ►
(a) SUBTOTAL of Itemized Independent Exper	nditures		• 49.38
(a)			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
(c) TOTAL Independent Expenditures			
	andidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	e 10 / 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	II EXI ENE	TI OTILO	<u> </u>	PAGE 7 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Workers' Voice			C	00484287
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
AFL-CIO			09 /	30 / 2014
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		14.77
Washington	DC	20006	Transaction ID Date of Disburs	: D543152 sement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	, , , ,	46747.13	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
AFL-CIO			09	30 / 2014
Mailing Address 815 - 16th Street, NW			Amount	
City	State	Zip Code		0.45
Washington	DC	20006	Transaction ID Date of Disburg	: D543154 sement or Obligation
Purpose of Expenditure Walk Packets		Category/ Type 004	09	30 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
ALISON LUNDERGAN GRIMES		Oppose	President X	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	7 7	43987.54	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			15.22
(b) SUBTOTAL of Unitemized Independent Expend	tures			
(-,			7	7 7
(c) TOTAL Independent Expenditures)	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Elizabeth H Shuler Signature	[Electro	nically Filed] Date	10 02	2014
Signature				

Schedule E)	NDLINI EXPEN	DITORILO	⊢	PAGE 8 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour rep	port New re	port Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee AFT Solidarity 527			M = M /	Distribution/Dissemination
Mailing Address 555 New Jersey Ave. N.W.			Amount	30 2014
City	State	Zip Code		41.10
Washington	DC	20001	Transaction ID Date of Disbur	D: D543157 sement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	,	46747.13	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
AFT Solidarity 527			09	30 / 2014
Mailing Address 555 New Jersey Ave. N	W.		Amount	
City	State	Zip Code		82.20
Washington	DC	20001	Transaction ID Date of Disbur	: D543160 rsement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	30 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose		Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		46747.13	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Ex	penditures		•	123.30
(b) SUBTOTAL of Unitemized Independent	Expenditures		. •	
			4	4
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorize			
Ms. Elizabeth H Shuler Signature	[Electro	onically Filed] Date	10 02	2014
Oignaturo				

Schedule E)	NOENT EXICINO			PAGE 9 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			C	C00484287
Check if 24-hour report X 48-hour re	port New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee UFCW Int'l Union Working Fa	amilies Advocacy	Project	м - м	lic Distribution/Dissemination
Mailing Address 1775 K Street, NW			Amount	30 2014
City	State	Zip Code		106.16
Washington	DC	20006-1598		ID: D543164 bursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M 09	30 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
MITCH MCCONNELL		X Oppose	President	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		43987.54	Disbursement For: 2014 Other (s	Primary
UFCW Int'l Union Working Fam Mailing Address 1775 K Street, NW	illies Advocacy Pro	oject	M 09 09	30 / 2014
City	State	Zip Code		121.50
Washington	DC	20006-1598	Transaction Date of Dis	ID: D543168 bursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09	30 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
TERRI LYNN LAND		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		46747.13	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Ex	penditures		. •	227.66
(b) SUBTOTAL of Unitemized Independent	Expenditures		· •	
(c) TOTAL Independent Expenditures			·	4
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	y candidate or authorized			
Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	10 / 02	2014
Signature				

Schedule E)		TOTILO		PAGE 10 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Workers' Voice			С	C00484287
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
	Z nem repe			
Full Name of Payee UFCW Int'l Union Working F	amilies Advocacy	Project	Date of Pub	olic Distribution/Dissemination
Mailing Address 1775 K Street, NW			Amount	
City	State	Zip Code		236.11
Washington	DC	20006-1598		n ID : D543169 bursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	M W M 09	30 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District: 00
GARY PETERS		Oppose	President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	46747.13	Disbursement For: 2014 Other (Primary X General Specify) ▶
Full Name of Payee UFCW Int'l Union Working Far Mailing Address 1775 K Street, NW	nilies Advocacy Pro	ject	Date of Pul	olic Distribution/Dissemination
City	State	Zip Code		106.16
Washington	DC	20006-1598		ID: D543170 bursement or Obligation
Purpose of Expenditure InKind Staff		Category/ Type 001	09 ^M	30 2014
Name of Federal Candidate		X Support	Office Sought:	House District:00
ALISON LUNDERGAN GRIMES		Oppose	President	Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		43987.54	Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent E	xpenditures		•	342.27
(b) SUBTOTAL of Unitemized Independen	t Expenditures		•	7 7
(c) TOTAL Independent Expenditures			·	p. 1 - 4 - 1 1
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized			
Ms. Elizabeth H Shuler	[Electroni	cally Filed] Date	M M / D 02	
Signature				

Sche	dule E)	I EXI END			PAGE 11 OF 13 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	kers' Voice				C C00484287
Check	if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Ful R	Name of Payee etail, Wholesale and Department S	Store Unior	า		of Public Distribution/Dissemination
Ма	iling Address 30 E29th St.			Amou	09 30 2014 unt
City	V	State	Zip Code		64.32
	ew York	NY	10016		saction ID : D543181 of Disbursement or Obligation
	rpose of Expenditure Kind Staff		Category/ Type 001		09 30 2014
Nai	me of Federal Candidate		X Support	Office Soug	ht: House District: 00
GA	ARY PETERS		Oppose	Presid	dent Senate State: MI
	Calendar Year-To-Date Per Election for Office Sought		46747.13	Disbursement 2014	nt For:
R	Name of Payee ocky Mountain Voter Outreach, LLC illing Address 899 Logan Street, Suite 300				of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	у	State	Zip Code	— I I .	508.00
De	enver	СО	80203		action ID: D543184 of Disbursement or Obligation
	rpose of Expenditure anvasser		Category/ Type 001] [09 / 30 / 2014
Na	me of Federal Candidate		X Support	Office Soug	ht: House District: 00
MA	ARK E UDALL		Oppose	Presid	dent Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought	7 7	20335.27	Disburseme 2014	ont For: Primary X General Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditure	es			572.32
(b)	SUBTOTAL of Unitemized Independent Expendit	ures		· •	711711
(c) ·	TOTAL Independent Expenditures			· -	7 . 7
with,	er penalty of perjury I certify that the independe or at the request or suggestion of, any candida y committee) any political party committee or its	te or authorized			
	Ms. Elizabeth H Shuler	[Electron	ically Filed] Date	e 10	02 2014
S	Signature				

NAME OF COMMITTEE (In Full)	
	NTIFICATION NUMBER ▼
Workers' Voice	0484287
Check if 24-hour report X 48-hour report New report Amends report filed on	D = D / Y = Y = Y
AFSCME for Michigan	Distribution/Dissemination
Mailing Address 1625 L Street, NW Amount	30 2014
City State Zip Code	529.94
Washington DC 20036 Transaction ID :	
Purpose of Expenditure	30 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
CARV DETERS	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (specif	Primary X General
AFSCME for Michigan	Distribution/Dissemination
Mailing Address 1625 L Street, NW Amount	30 2014
City State Zip Code	159.62
Washington DC 20036 Transaction ID: Date of Disburse	
Purpose of Expenditure Inkind Staff Travel Category/ Type O02 O9 O9	30 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (specific	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	689.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 10 02	2014

Schedule E)	PAGE 13 OF 13 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	DENTIFICATION NUMBER ▼
Workers' Voice	C00484287
Check if 24-hour report X 48-hour report New report Amends report filed on	
AFSCME for Michigan	blic Distribution/Dissemination
Mailing Address 1625 L Street, NW Amount	30 2014
City State Zip Code	171.66
Washington DC 20036 Transactio	on ID : D543195 sbursement or Obligation
Purpose of Expenditure Inkind Staff Travel Category/ Type 002	30 2014
Name of Federal Candidate Support Office Sought:	House District: 00
GARY PETERS Oppose President	Senate State: MI
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2014 Other	: Primary X General (specify) ▶
Full Name of Payee Date of Pu	ıblic Distribution/Dissemination
Mailing Address Amount	
City State Zip Code	, , , , , , ,
Purpose of Expenditure Category/ Type Date of Dis	sbursement or Obligation
Name of Federal Candidate Support Office Sought: Oppose President	House District:
Calendar Year-To-Date Per Election for Office Sought	
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	4822.03
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Elizabeth H Shuler [Electronically Filed] Date 10 02	